

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **APPLICATION FOR A CREDENTIAL AS A REAL ESTATE APPRAISER**

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐

Your name and address are available to the public.

Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name

First Name

MI

Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

Daytime Telephone Number

month

day

year

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Ethnic/gender status
information is optional.

Sex:

☐ M

☐ F

Ethnic:

☐ White, not of Hispanic origin

☐ Black, not of Hispanic origin

☐ Hispanic

☐ American Indian or Alaskan

☐ Asian or Pacific Islander

☐ Other

Have you ever held a license/credential in the state of Wisconsin?

Yes No (please indicate)

If yes, provide your Wisconsin license/credential number.

QUALIFICATIONS:

1.a. Have you ever applied for a Wisconsin appraiser credential?

☐ Yes

☐ No

Date of application: _____

b. Have you ever been issued a Wisconsin appraiser credential?

☐ Yes

☐ No

If yes, please indicate type and number of credential:

c. Have you ever been issued an appraiser license/certification in another state? If yes, please list all states:

APPLICATION FEE: Please make check payable to Department of Regulation and Licensing and attach to application.

d. Type of credential applying for:

_____ Certified General Total Fee \$110.00
(\$53 Initial + \$57 Exam)

_____ Certified Residential Total Fee \$110.00
(\$53 Initial + \$57 Exam)

_____ Licensed Total Fee \$110.00
(\$53 Initial + \$57 Exam)

Reciprocal: (Applicants who have a license issued by another state)

_____ Certified General Total Fee \$219.00
(\$162 Initial + \$57 Exam)

_____ Certified Residential Total Fee \$224.00
(\$167 Initial + \$57 Exam)

_____ Licensed Total Fee \$242.00
(\$185 Initial + \$57 Exam)

Note: If already credentialed as an appraiser and upgrading to another credential, remit \$53.00 only.

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

EDUCATION AND EXPERIENCE

	LICENSED	CERTIFIED RESIDENTIAL	CERTIFIED GENERAL
EDUCATION:	*90 hours RL 84.04 (Includes 15 hours of standards and 20 hours of commercial income approach)	*120 hours RL 84.02 (includes 15 hours of standards and 20 hours of commercial income approach)	*180 hours RL 84.03 (includes 15 hours of standards and at least 40 hours of commercial income approach)
EXPERIENCE:	2,000 hours in not less than 12 months; No more than 25% commercial appraisal experience may be included.	2,500 hours in not less than 24 months; No more than 25% commercial experience may be included.	3,000 hours in not less than 30 months; No more than 50% residential appraisal experience may be included.

2. Section 458.06(2)(d), Stats., requires applicants to complete at least 15 hours of instruction in professional standards and code of ethics.

Applicants are required to submit evidence of completion of course hours in the subject areas outlined in RL 84. Please see chart above for required number of hours for each level of licensure. Provide the following information. Copies of transcripts or certificates of completion are required for each course listed. For additional space, please continue on page 4.

COURSE NAME	DATES OF ATTENDANCE	HOURS	COURSE PROVIDER

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3. Provide a chronological resume of all employment, not limited to real estate appraisal experience.

EMPLOYER

DATE EMPLOYED

TYPE OF BUSINESS

Note: The "Appraisal Experience Roster" (Form #2106) and the "Affidavit of Appraisal Experience" (Form #1750) are also required as documentation of experience under sec. RL 83.01, Wis. Admin. Code.

4. **STATEMENT OF ARREST OR CONVICTION:** (Attach additional sheets if necessary)

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| A. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, or are criminal charges currently pending against you? If yes, complete and attach Form #2252. | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If yes, what type of credential? _____ And if in another name, what name? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Note: An arrest or conviction does not automatically disqualify an applicant. Consideration of the record by the board is subject to sec. 111.321, 111.322, and 111.335, Stats.

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5. **ADDITIONAL INFORMATION:**

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6. I state that I am the person referred to on this application and that all the answers set forth are strictly true in each respect. I further state that I am not currently subject to any appraiser certification or licensure disciplinary proceeding in any state and that my license or certificate is fully valid and in good standing. I understand that any information provided by me in connection with this application which constitutes a material misstatement of fact may be grounds for denial of my application, revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the provisions contained in ch. 458, Stats., or any rule promulgated under that statute may be grounds for disciplinary action.

Signature of Applicant

Date

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth
 month day year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996